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7590

03/28/2005

PHILMORE H. COLBURN II 55 GRIFFIN ROAD SOUTH **BLOOMFIELD, CT 06002**

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APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.					
09/742.316	12/21/2000	Stephen J. Kinder	POU92000165US1	5881					

TITLE OF INVENTION: METHOD FOR CREATING PATH-SENSITIVE BRANCH REGISTRY FOR CYCLIC DISTRIBUTED TRANSACTIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1400		\$300	\$1700	06/28/2005		
EXAMINER		ART UNIT		CLASS-SUBCLASS]			
ZHEN, LI B		2194		718-101000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agents. If no name is listed, no name will be printed. 2 CANTOR COLBURN LLP 3 EVENTOR FOR NOTE In the patent front page, list (1) the names of up to 3 registered patent attorneys or agents are member a registered attorneys or agents. If no name is listed, no name will be printed.								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) International Business Machines Armonk, New York Corporation								
		4b	Payment of A check Payment		iclosed. B is attached.	r credit any overpayment, to copy of this form).		
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Authorized Signature Typed or printed name	Philmore H. C	olburn II			ay 25, 2005 No. 35,101			

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